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ABSTRACT

Parents and children are faced with a variety of challenges over the course of their lives together, yet most research centers only on the early stages of the family life cycle. One major change occurs as parents grow older and need increasing amounts of help from their children. Kelley has developed a general theory of personal relationships which may increase understanding of parent-child interactions when children provide care for parents in later life. Kelley's model centers around three basic ideas: (1) the essence of any relationship is interdependence; (2) in personal relationships people take into account the effects of their behavior on their partner and sometimes behave in ways not in their own best interest; and (3) these transformations of behavior provide information which the participants use to form impressions of each other and to make judgements about their partner's attitudes toward them as individuals. When one member of a relationship begins to care for the other, changes or transformations occur. Possible reasons why children help their parents fall into two categories: responsibility (especially when no alternative sources of help are available); or affection. Kelley's model is based on the assumption that the way a partner responds to the control he/she has over the other's outcomes provides evidence about interpersonal attitudes. In the case of the child who cares for a parent, a transformation is clearly involved, with rewards and costs different from those available previously. Although recent studies have emphasized the negative consequences of caregiving, both parent and caregiver can be better understood through application of Kelley's model. (JAC)

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Understanding Parent-Child Relations in Later Life

An Application of Kelley's Personal Relationship Framework*

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Understanding Parent-Child Relations in Later Life
An Application of Kelley's Personal Relationship Framework

Parents and children are faced with a variety of challenges over the course of their lives together. At the beginning of the family life cycle, adjustment to parenthood and issues pertaining to socialization are concerns faced by family members. Later, adolescents and their parents must deal with issues such as educational planning, sexuality, and the development of meaningful relationships outside of the family circle. As children move on to parenting and/or labor force participation, parents move on to grandparenting and retirement, widowhood, and the health problems of aging. In spite of our recognition that parents and children are related throughout their lives, research on parent-child relationships has been overwhelmingly focused on the beginning of the family life cycle (Hagestad, 1981). We now need to broaden our research to include relationships at the end of the family life cycle and to investigate more fully the changes which are experienced by children and parents as they grow older together.

One major change that occurs as parents and children grow older is the increasing need for help by the parents. In study after study, it has been demonstrated that children are the primary caregivers for older family members (Kahana and Coe, 1975; Shanas, 1979; Shanas and Sussman, 1982). Although there is some evidence regarding the consequences of caregiving for the parent-child relationship (Johnson and Bursk, 1977; Marshall et al, 1981), most of the research on parent-child relationships in later life has focused on amount of contact, extent of mutual aid, and residential propinquity (Troll et al, 1979). It has not been guided by a general theory of relationships, and has paid too little attention to the interpersonal dynamics of caregiving. This paper will present a general theory of personal relationships developed by Harold Kelley and his colleagues over the past twenty years (Thibaut and Kelley, 1959 ; Kelley and Thibaut, 1978; Kelley, 1979), and develop its application to our understanding of what goes on between parents and their children when the children provide care in later life.

Kelley's Personal Relationship Model

In an area of research and theory which has generally been characterized by specific problem focus (for example, what makes marriages last), the work of Harold Kelley stands out as an attempt to develop a general theory of the nature of personal relationships. His recent theoretical statements combine his early work on outcome interdependence (Thibaut and Kelley, 1959) with recent developments in attribution theory (Jones et al, 1972) to produce an abstract framework which is appropriate for the analysis of any type of personal relationship (Kelley and Thibaut, 1978; Kelley, 1979).

Kelley's model centers around three basic ideas. First, the essence of any relationship is interdependence. What one partner does has effects on the life of the other. Second, in personal relationships people take into account the effects of their behavior on their partner and sometimes behave in ways that may not be in their best interest. Third, these transformations of behavior provide information which the participants use to form impressions of each other and to make judgements regarding the partner's attitudes toward oneself as an individual.

Behavioral Interdependence. The foundation of Kelley's system is the definition of relationships in terms of behavioral interdependence. If our potential behaviors or outcomes are not affected by those of another person, then we are not involved in a relationship with him or her. If they are, insights into the nature of the relationship are provided by analyses of the specific patterns of interdependence that connect the partners.

Kelley and Thibaut (1978; Thibaut and Kelley, 1959) have distinguished between two general kinds of behavioral interdependence; behavior control, where joint activity leads both people to experience rewards or costs, and fate control, where a partner is affected by the actions of the other regardless of his/her own behaviors. The degree to which each person is independent of the other in controlling their own outcomes will affect processes of competition or cooperation. Put simply, participants in personal relationships differ as to the type of control that their partners have over their actions and outcomes. The type of control can also differ across different behavioral domains, for example, with one person having more control over the choice of shared leisure activities than over the division of houshold labor. Therefore, the balance of influence constantly shifts, and relationships can be analyzed in terms of the control present across domains or within specific domains.

Transformations. In relationships that are important to us, we are aware of how we control the outcomes of our partners and being responsive to this interdependence is a characteristic of most ongoing relationships (Walster et al, 1978). In every relationship, there are choices to be made about what kinds of behaviors to enact; some behaviors will lead to our own best rewards, others will maximize our partner's outcomes at our expense, others will enhance both of our outcomes.

In some relationships, individuals "transform" their assessments of the costs and rewards of various behaviors by explicitly taking into account not only their own preferences, but also those of their partner. For example, I may decide to stay home in the evening instead of going to the library because I know my children enjoy having me at home. I transform my view of the payoffs for going to the library by taking into account their feelings about my absence and I choose an activity which does not maximize my pleasure. It is, of course, the nature of our interdependence (my trip to the library affects my children) which provides the opportunity for the transformation. Such transformations are the manifestations of the altruism and caring which are such an important part of many personal relationships.

Attributional Processes. The transformations that the other person makes in our favor provide one basis for making attributions about that person. We decide how people feel about us on the basis of the things they do for us. When our partner does something that seems not to be in his/her best interests or that is obviously a sacrifice, we attribute a positive motivation (she did it to help), disposition (she's a nice person), or interpersonal attitude (he loves me) to that person. We generalize from a behavior to a quality of the person, revising our attributions as new information is acquired.

Dispositional Interdependence. In personal relationships, attributions made about the causes of the partner's behaviors stabilize over time and become

rewards in and of themselves. We may then come to expect behavior that is consistent with the dispositional states we have attributed. Behavior that is a manifestation of our partner's qualities is directly gratifying and reassuring. These behaviors can provide the basis for self attributions as well. The way we think our partner feels about us affects the way we feel about him/her and about ourselves, creating dispositional interdependence.

Relationship Consequences. The dispositions that are of particular importance to us are those reflecting our partner's feelings about us - interpersonal dispositions. These dispositions can be seen as "rules" governing transformations. Deviations in behavior that was expected in terms of the imputed motivation will, over time, lead us to re-evaluate how our partner feels about us, leading in turn to changes in the way we feel about our partner. For example, if B has come to think of A as a considerate person, B can take a new and consistent behavior, A's coming home late without calling, as evidence that A is not as considerate as in the past. B's dispositional state can then be affected; as A's considerateness is re-evaluated, B may decide that his/her feelings about the kind of person A is and what the relationship means also need to be re-evaluated. Therefore, a behavior that is contrary to the expected one in terms of the attributed motivation will affect dispositional interdependence and the course of the relationship.

The general Kelley model, then, is one of levels of interdependence. Behavioral interdependence provides the opportunity for the transformations which indicate interpersonal dispositions, and feelings about one's partner's interpersonal dispositions affect one's own dispositions and the future of interaction.

Understanding Parent-Child Relationships in Later Life

Although Kelley suggests that the abstract framework is an appropriate means of examining relationships regardless of the type of relationship or the ages of the participants, the evidence presented in support of each part of the framework in Personal Relationships (1979) comes from studies of young romantically involved couples. One important question to be raised, then, concerns the generalizability of this approach beyond young people and beyond romantic relationships.[1]

Interdependence and the attributions which accompany it involve processes that develop and change over time, but the social and psychological literature on attributions has not concentrated on long term relationships. Hypotheses have generally been tested in experimental situations that last a few hours in which subjects are presented information about their partners and asked to make judgements about them. Kelley's work has extended this time perspective somewhat with studies of dating or newlywed couples involved in relationships which may have lasted as much as a few years. The application proposed here must, therefore, begin to extend theory to include attention to life-long processes of attributions.

If we understand the events and processes of parent-child relationships in the early portions of the family life cycle, we may be able to understand more fully the relationship patterns in later life (Brody, 1970; Bengtson, 1979).

Brody and Lang (1982) speculate that relationships that have had a history of conflict are not likely to improve with caregiving, just as those that have always been close will not suddenly deteriorate. Moreover, problems between parent and child that have occurred throughout their relationship become more entrenched with caregiving ("You always were selfish."), and children tend to attribute long-standing interpersonal problems to the parent (Simos, 1973). Relationships may be evaluated by both parent and child, then, in terms of the past, regardless of the present.

In the situation of a caregiving child and an adult parent, there is current behavioral interdependence and a long history of shifts in the details of interdependence and the dispositional inferences which accompany them. Over the course of a lifetime, family members have used behavioral information to make dispositional inferences. The introduction of caregiving to the relationship changes the behavioral aspects, thereby inducing the dispositional elements to change as well.

In brief, when one member of a relationship begins to care for the other, there will necessarily be changes in the types of activities that they do together. Behavioral interdependence will change in fairly dramatic ways. A relationship that had been equalitarian in terms of things done for each other will become less so when the parent needs help. As behavioral interdependence changes, the ideas people have about each other change as well. Attributions about the traits, attitudes and dispositions of the other that are based on behavior will be adjusted as the type of interdependence changes. These new attributions can then affect the relationship by influencing such aspects as communication, involvement, and time spent together apart from caregiving.

Kelley's abstract conceptual model can be translated into the changes involved in the onset on caregiving as follows:

Abstract Model

Behavioral interdependence	⟶	Attributions concerning behaviors	⟶	Dispositional interdependence

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Model of the Caregiving Relationship

Caregiving	⟶	Attributions concerning caregiving	⟶	Relationship satisfaction and involvement

Caregiving Behaviors. A survey conducted by the General Accounting Office in Cleveland, Ohio (1977) is one of the most comprehensive studies of the kinds of help provided by family and friends to older adults. Table 1 shows the results of that survey as well as the results of Robinson and Thurnher's (1978) study of family caregivers. Both studies provide evidence that children account for major proportions of the help received by their parents.

Troll et al (1979) report that 80% of all personal and medical care given to older adults is given by their children. Sussman and Burchinal (1962) indicate in a review article that families share social activities like visiting, recreation, and ceremonial behaviors like birthdays and anniversaries as well as providing such services as physical care, shelter, escorting, shopping, and help around the house. Cicirelli (1980) found that in addition to those mentioned above, children provide additional income, transportation, psychological support, information about employment and educational opportunities, reading materials, and bureaucratic mediation.

Family members are also often prepared to take an older member into their home in the event of a serious illness (Sussman, 1979). Eighty-nine per cent of the General Accounting Office (1977) sample of older people named a family member as an available source of help during an illness, with 42% naming a child. It is clear, then, that children are seen by their parents as potential resources, as well as being responsible for much of the help that older people receive.

Archbold (1983) suggests that children who meet the social and psychological needs of the parent may have better parental relationships than children who only provide for the parent's physical needs. Seelbach (1978) found that parents preferred to spend time with their children rather than receive help from them. A focus on the effects of services provided to meet tangible needs, then, may direct our attention away from the effects of other types of assistance.

What is needed for a complete application of the Kelley framework is a thorough analysis of the forms of interdependence that are involved in this wide variety of caregiving activities. It is clear that the interdependence framework, which appears so simple in the abstract, involves incredibly complex manifestations in the reality of everyday relationships.

Attributions about Motivation. The possible reasons why children help their parents to the extent that they do have long been the target of speculation in the literature on caregiving. "Paying back" a parent (Kreps, 1977; Horowitz, 1978) can be a strong motivation for caregiving, a sense that it is the responsibility of the child to pay back the parent for help received when young. Blenkner (1965) identifies "filial maturity" as the psychological force behing caregiving. As parents and children grow older, children come to the realization that the parents are not as strong as they once were and will need their help. This attitude does not indicate a role reversal, but a change in the content of the parent and child roles that is inevitable as both age.

It is somewhat surprising that gerontologists have paid so little attention to parent's and children's ideas regarding the motives involved in caregiving. According to Heider (1958) and recent attribution theories based upon his work, we are all "naive scientists" in our analyses of the causes of other people's behaviors. The most basic step in making an attribution is the decision about the locus of causality, whether the person's behavior is primarily caused by an internal disposition or by an external, environmental influence. Then, decisions about the types of internal or external sources of motivation are made.

In the case of caregiving, the parent begins with the observation of what may be a major transformation on the part of his/her child. The giving of care frequently involves great sacrifice on the part of the child, and the parent will undoubtably ask "Why does my child do this for me?". In making the initial choice between internal and external causes, parents can use two types of information. The reason given by the child for providing care is the most direct evidence available. A child may actually tell his or her parent that "I'm only doing this because I have to" or "I love you and want to make you happy". The existence of alternative sources of aid is the second type of information that can be used. When the parent feels that there are other places or people available to provide the care that the child is giving, the child's behavior may be seen as reflecting a choice to provide care, thereby supplying more information about the child's motivation.

The second decision to be made concerns the type of internal or external attribution. (Using the term "decision" and implying a temporal sequence should not be taken to imply that the process is necessarily conscious and rational.) Kelley (1979) has distinguished between two basic kinds of internal sources of motivation: general traits or attitudes and specific interpersonal attitudes. A parent could describe the child's motivation as due to the fact that he/she is a good person or a generous one, both of which are general traits of the child. The parent could also say that the child helps because of love for the parent, a specific interpersonal attitude.[3] But, there is another form of internal motivation that is likely to be a major factor in caregiving relationships: obligation (Adams, 1967). The observation of kin relationships need not necessarily be perceived as imposed by external constraints, but they may involve an internal sense of constraint. The caregiving child may not really "want to" help, or "have to" help, but feels that he/she "ought to" help out of a sense of filial duty. Felt obligation on the part of the child, feelings of "I should do this", has elements of both internal and external motivation. While there are no external pressures that can be identified, the term "obligation" connotes a less than voluntary attitude.

There are a number of reasons why an older person or child may feel that there are no alternative sources of help available. The lack of financial resources to pay for services provided by other people or agencies, the lack of institutional resources within the desired geographical area, or problems of matching the older person's needs with available sources of support can contribute to the perception that the child is the only person who can help. The social network of the child may express attitudes about the necessity of family caregiving to older members, providing a source of strong negative sanctions to the child who does not help (Lozier and Althouse, 1974). Finally, there not be any other family members or friends who are alive, willing, or able to help.

One of the most important pieces of information available to the parent about the child's motivation is the caregiving behavior itself, either instrumental or socioemotional. The types of services provided should influence the attributions made about the child's motivation by both parent and child. A mother whose child sits with her and talks will probably make very different attributions about the child's reasons for helping than

will the mother whose child does not sit with her but "has the time". Research on the dimensions of caregiver stress suggests that some caregivers might prefer to use free time to be by themselves and that they sometimes may avoid the more personal kinds of contact with the parent (Zarit, 1980).

Attributions based on the types of help provided by the child will also be influenced by the needs of the parent, both objective and perceived. The extent to which the parent's requirements for help are satisfied will create a context within which attributions will be made. A father whose physical or emotional needs are not met by the child will make different types of attributions about the child's motivation than will the parent whose needs are met. This satisfaction with help given by the child can also be considered with respect to the perceived quality of help. A mother could feel that her son could provide a higher level of care even though her needs are being met.

Kelley's model is based upon the assumption that the way our partner responds to the control he/she has over our outcomes provides evidence about interpersonal attitudes. In the case of the child who provides care to a parent, a transformation is clearly involved. Children often can sacrifice a great deal - economically, personally, and socially - in order to help their parents (Sussman, 1979; Zarit, 1980; Soyer, 1972). And, parents are often aware that their children make sacrifices (Troll et al, 1979). The issue here is not only what the child does for the parent, but the effects of caregiving on the outcomes of the child and changes in the quality of the child's life. Caregivers have reported feeling that they do not have enough time for themselves and that they are worried about parental dependency and further parental deterioration (Zarit, 1980), as well as feeling "pulled" in two directions, between the needs of parents and the needs of their own children (Brody and Lang, 1982). While the types of outcome changes that the child experiences will depend on a number of factors, the rewards and costs that are available after the child starts to provide care will be very different than those available previously.

If the parent expected the child to help when needed, the provision of care could be attributed more to an obligation to care than to a trait or interpersonal attitude of the child. This expectation can originate in several sources, for example, in a general attitude that children should help their parents, a specific attitude that their child should help them, a family history of caregiving to older members, a socialization for parent-caring, or a feeling that children should "pay back" their parents. As discussed previously, feelings of obligation have both internal and external components.

The gender of the caregiver is often related to such an expectation for care. Daughters tend to be "kin-keepers", the members of the family that are responsible for the care of older adults (Troll et al, 1979). When there is a gender-linked expectation for caregiving, help provided by a child of the expected gender will not be as informative about that child as will help received from a child of the other gender. Sons who help in any way are likely to be perceived as doing it because of a positive interpersonal attitude toward the parent (Hagestad, 1977), whereas this is not necessarily the case with daughters.

Relationship Consequences of Caregiving. There is more speculation about the effects of caregiving on parent-child relationships than there are data (see, for example, Atchley, 1977). Some recent work, however, has begun to look at the interpersonal consequences of caregiving, with an emphasis on negative consequences. Robinson and Thurnher's (1978) sample of caregivers described their parents in colder terms than did non-caregivers; an overwhelming majority of caregivers reported feeling neutral, ambivalent, or resentful about the relationship. Johnson and Bursk (1977) found that greater parental dependence, especially physical and financial, was associated with more negative relationship evaluations by both members. Tobin and Kulys (1980) report that while 88% of their sample of older people named a family member as the responsible person if they were to be admitted to a hospital, half of those people named a different person when asked to whom they felt the closest.

The literature on caregiver stress provides less direct evidence about the ways in which caregiving could negatively influence relationships. Caregiver stress, characterized by caregiver feelings of inconvenience, physical and emotional strain, and problems with other relationships and with a work life (Robinson, 1983; Archbold, 1982) has been reported particularly in situations where the parent has low mental health status (Robinson and Thurnher, 1978) and where there is low utilization of community services (Weiler and Rathbone-McCuan, 1978). Cicirelli (1980) found that the child's perception of parental dependency was related to negative feelings about the parent and to high levels of strain; 52% of his sample reported some strain, and 34% reported substantial strain.

Research on stress in the caregiving relationship typically focuses on the impact of caregiving on the caregiver's personal life. The parent, however, is also subject to various types of stress (Cohler, 1983; Kalish, 1975). A number of studies have examined parental fears and feelings about dependency. A desire for independent living is shared by most older people (Sussman, 1979), elderly people tend to want love and affection from their children more than instrumental aid (Shanas, 1962; Seelbach and Sauer, 1977), and to live near a child rather than with them (Troll et al, 1979). It has been suggested that parental feelings of dependency may lead them to withdraw from a relationship with a caregiver (Peterson, 1979), and that caregiver attitudes about dependency will affect feelings for the parent (Stevenson, 1981). Both parent and child, then, can have negative reactions to caregiving that may well affect their relationship with one another.

Evidence of a positive association between helping and close parent-child relationships has also been reported although the dominant direction of causation has not been documented. In a Canadian study, Marshall et al (1981) examined children's concerns about older parents' health and found concern to be related to parental dependency as well as affection, the social situation of the child, and geographic proximity. Children who had provided help during a parental illness felt closer to their parents than did children who had not helped. Furthermore, these helping children were more likely than non-helping children to report feeling extremely close to their parents. Fourteen per cent of the caregivers interviewed by Adams,

Caston and Danis (1979) reported an improvement in parental relationships with the onset of caregiving. These children felt that the improvement was due to having more to say to each other, seeing each other more often, and being allowed to help.

Changes in behavioral interdependence, then, can have significant effects on the way parents and children feel about each other and view the relationship. Caregiver stress and parental feelings of dependency, which often accompany the caregiving arrangement, are examples of the ways in which individual dispositions can be affected. What we need to do now is to begin to suggest ways in which attributional processes operate to determine the influence of behavioral interdependence on dispositional properties and characteristics of the relationship.

As discussed earlier, two major reasons for caregiving have been mentioned in the literature and will, we feel, play the most important roles in influencing the relationship: love and obligation. The parent who feels that her son helps her because he loves her is likely to be very satisfied with the relationship. The mother who thinks that her daughter provides care only because she has no choice but to do so may "distance" herself emotionally from the relationship and evaluate the relationship in less positive ways. Children's feelings about caregiving must be considered as well (Smith, 1979); the son whose predominant feeling is "I hate having to do this" will perceive the relationship very differently than the son who says to his father, "I know it's not easy for you, but I want to help".

The types of services that are received by the parent will undoubtably influence the attributions made and the relationship. When a parent sees a child going "above and beyond" the minimum required to meet her needs, a feeling that the child loves her and wants to help is likely. Alternately, the daughter who provides only for her mother's physical needs and ignores her social and psychological needs is likely to experience problems in her relationship with her mother (Archbold, 1983), perhaps due to feelings of duty that are perceived by the parent and the provision of "less personal" services.

It is not clear exactly which parts of the relationship will change with caregiving and the attributions that are based upon it. The few studies that have been done have concentrated on the affective aspects of the relationship. Emotion, however, is only one part. We think that in this early stage of research attention should be paid to other, equally important dimensions of relationships. Since the gerontological literature has not been guided by clear theoretical and empirical work, and the general relationship literature has almost as many analyzed dimensions as researchers, we will consider two relationship qualities that have been the focus of much research: quality or satisfaction, and involvement.

Relationship Involvement. One of the central concepts in the general relationship literature is involvement (Rubin, 1973; Johnson, 1978; Levinger, 1974; Kelley, 1979; Altman and Taylor, 1973). Recently, Levinger, Rands and Talaber (1977) have developed an instrument appropriate for any type of relationship which includes four dimensions: emotional caring, disclosure, outcome correspondence, and uniqueness.

The role that emotions play in relationships has been well documented (Berscheid, 1983) and has, of course, long been a major focus of research on relationship development and decline. Many different scales have been constructed to measure the feelings people have for each other, the most popular probably being Rubin's Love Scale (1973). The dimensions of emotional caring tapped by the Levinger, Rands and Talaber Index are investment, the importance of the welfare of the other person, and the importance of the other in one's life.

Self-disclosure is important for all close relationships (Jourard, 1971), but may play a particularly crucial role in the lives of older people. Having a person with whom to share secrets and talk over personal problems has been linked to higher levels of life satisfaction and well-being and lower risk of institutionalization among aged people (Lowenthal and Haven, 1968; Brody, 1966; Moriwaki, 1973). Several theories of relationship development (Altman and Taylor, 1973; Levinger, 1977) identify self-disclosure as the critical defining feature of close relationships. The father who is able to confide in his caregiving daughter will probably feel that thay have a good relationship and that she doesn't help because she has to.

The feeling that there is something special about the relationship and that it would be difficult to replace is the third dimension specified by Levinger, Rands and Talaber. Having a relationship that is embedded in one's self is considered by symbolic interactionists (McCall, 1974) to be one of the major bases for personal relationships, and Kimmel (1979) implies uniqueness when he writes of the convergence of individual development and relationship development; each person as a distinctive being brings to the relationship a specific identity that is negotiated with the partner and which results in a relationship like no other. The parent who feels that the relationship with her son is special will be more likely to feel that he helps because of that relationship.

Finally, the interdependence approach to relationships is based on outcome correspondence (Thibaut and Kelley, 1959; Kelley and Thibaut, 1978; Kelley, 1979). Participants in close relationships see their lives as intertwined because of this interdependence and feel that their behaviors affect the other and that there are events that affect them as a couple (Levinger, 1977). The caregiving arrangement, as treated throughout this paper, is a clear example of such interdependence.

Relationship satisfaction. Quinn's (1983) review of the literature on relationship quality among older adults suggested to him three major aspects of relationships that could influence satisfaction: affection, communication, and consensus.

Following the work of Bengtson and Black (1973), Quinn's affection measure consists of six dimensions: trust, understanding, fairness, respect, sentiment, and general closeness.

The communication construct focuses on the dynamics of the interaction between partners rather than on the kinds of things that are shared. Patterns of communication, a sense that the other listens, and ways of

dealing with conflict are considered to be essential determinants of self-disclosure, a characteristic of close relationships. Zahn (1973) found that respondents with poor communication skills had poor interpersonal relations.

A major historical focus of studies examining mate selection was on the similarity of the people involved. It has also been an issue in the gerontological literature, as evidenced by research on the "generation gap" (Bengtson, 1971), and value similarity has been linked to satisfying relationships among older adults (Johnson and Bursk, 1977). Quinn (1983) looked at similarity of both values and interests, finding a correlation of .36 between consensus and relationship quality. The child who disagrees with her mother's views will have a very different perception of her mother and probably of her own motivation to help than the daughter who is more similar to her parent.

Much of the research in gerontology has examined global life satisfaction and the satisfaction of older people with specific aspects of their lives, such as satisfaction with finances, living arrangments, or relationships. Reserach has shown that relationships rated high in quality can be important influences on the well-being of the elderly (Quinn, 1983; Johnson, 1978), and that relationships between parents and adult children are generally satisfying (Streib and Thompson, 1960; Johnson and Bursk, 1977). It can be argued that given the way relationship quality and relationship satisfaction are frequently measured, they are, in fact, the same variable. For example, Quinn (1983), in his measure of relationship quality, asks his respondents, "How would you rate your overall relationship with your child at this time?" and Blieszner (1982), in her measure of relationship satisfaction asks, "In general, how satisfied are you with your relationship?"

Concluding Thoughts

An examination of changes that occur in parent-child relationships is important for practical and theoretical reasons. With federal cutbacks in programs for the elderly and demographic trends in the direction of more multi-generational families (Treas, 1977), more families will be involved in providing care to older members. Identifying problems and suggesting solutions are the first steps toward improving the quality of these people's lives (Archbold, 1983; Johnson and Spence; 1982; Hartford and Parsons, 1982). Theoretically, a specification of the attributional processes, and the application and extension of the Kelley framework will further our knowledge of the nature of interdependence over the life cycle, and of the links between cognitive and affective processes. Finally, the application of the interdependence model will extend our understanding of the qualitative aspects of older people's relationships with their children, and of the applicability of the Kelley framework to relationships with extended histories.

Notes

1. In a paper entitled "Marriage Relationships and Aging" (1981), Kelley discusses some of the ways in which growing older can influence interdependence in marriage. Some of the concomitant events of aging, like retirement, increased probability of illness, and family life cycle stage (for example, the "empty nest") are likely to lead to increased levels of behavioral interdependence, while a shared lifetime will lead to increased dispositional interdependence.

   At several points in that paper, Kelley also suggests that changes which the parent experiences with aging will have important consequences for relationships with children. One of the hypotheses that he advances is that there is a different generational emphasis on the two levels of interdependence in making attributions, with parents paying more attention to the expressed dispositions and children to the behaviors involved, possibly leading to an increased probability of conflict about motivations. Another hypothesis concerns the association between parental worries about dependence on children and negative feelings about their relationships with those children.

2. It is, of course, possible that some attributions are more stable than others, especially those formulated over the course of a life-long relationship, and will be resistant to change even with a dramatic change in behaviors.

3. For the purposes of this paper, attributions are discussed as if they occur singly and in isolation from each other. This is not necessarily the case. Combinations of attributions can be made; these combinations can be of positive and negative attributions, or of internal and external attributions. It is likely, however, that positive attributions will be associated with other positive inferences (Jones and Davis, 1965), and negative inferences will be related to other negative ideas about the person.

Table 1

Percentages of Samples Receiving Services

Type of Service	General Accounting Office (1977)	Robinson and Thurnher (1978)
Personal care	56%	
Transportation	60%	55%
Homemaking, household help	20%	32%
Meal preparation	13%	
Banking, checking, help with finances	44%	32%
Administrative and legal	15%	
Housing	12%	
Errands		27%
Emotional support		27%
Complete help		14%

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